| PATENT | APPI ICATION | FEE DETERMIN | IATION RECORD  |
|--------|--------------|--------------|----------------|
|        | AFFLUATION   | FEE DETENMIN | IMILUIT DEGUND |

Effective November 10, 1998

Application or Docket Number

3888

| CLAIMS AS FILED - PART I  |   |                                   |             |                          |        |  | SMALL            | ENTITY       |                    | OTHER                  | THAN     |                     |                        |
|---|---|-----------------------------------|-------------|--------------------------|--------|--|------------------|--------------|--------------------|------------------------|----------|---------------------|------------------------|
| (Column 1) FOR NUMBER FILED   |   |                                   | 1           | (Column 2)  NUMBER EXTRA |        | 1 .  | TYPE             |              | OR                 | SMALL ENTITY           |          |                     |                        |
| FOR NUMBER FIL  |   |                                   | H FILED     | ]                        | NOWREH |  | ] [              | RATE         | FEE                | ]                      | RATE     | FEE                 |                        |
| BASIC FEE   |   |                                   |             |                          |        |  |                  | 380.00       | OR                 | a'                     | 760.00   |                     |                        |
| TOTAL CLAIMS   minus 20= *  |   |                                   |             |                          |        | *  | _                | ]            | X\$ 9=             |                        | OR       | X\$18=              |                        |
| INDEPENDENT CLAIMS  |   |                                   |             |                          |        |  |                  | X39=         |                    | OR                     | X78=     | 18                  |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |                                   |             |                          |        |  |                  |              | +130=              |                        | OR       | +260=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2            |   |                                   |             |                          |        |  | L                | TOTAL        |                    | OR                     | TOTAL    | 30%                 |                        |
| CLAIMS AS AMENDED - PART II   |   |                                   |             |                          |        |  |                  |              |                    |                        |          | OTHER               |                        |
| (Column 1) (Column 2) (Column 3)  |   |                                   |             |                          |        |  |                  |              | SMALL ENTITY       |                        |          | SMALL               | ENTITY                 |
| AMENDMENT A   |   | REMA<br>AFT<br>AMEND              | INING<br>ER |                          | PF     | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDN   | Total   | *                                 |             | Minus                    | **     |  | =                | and the same | X\$ 9=             |                        | OR       | X\$18=              |                        |
| AME   | Independent   | *                                 | LOE MI      | Minus                    | ***    |  | ]=               | <b>!</b> [   | X39=               |                        | OR       | X78=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                   |             |                          |        |  |                  |              |                    |                        | OR       | +260=               |                        |
|   |   |                                   |             |                          |        |  |                  | L .          | TOTAL<br>DDIT. FEE |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
|   |   | (Colur                            | nn 1)       |                          | (C     | Column 2)                                  | (Column 3)       |              | DDII. FEE          |                        | •        | ADDII. FEE          |                        |
| В   |   | CLA<br>REMAI                      | MS          |                          |        | HIGHEST<br>NUMBER                          |                  | lr           |                    | ADDI-                  | 1        |                     | ADDI-                  |
| AMENDMENT E   | с   | AFT<br>AMEND                      | ER          | ≂:                       | PF     | REVIOUSLY<br>PAID FOR                      | PRESENT<br>EXTRA |              | RATE               | TIONAL<br>FEE          |          | RATE                | TIONAL<br>FEE          |
|   | Total   | *                                 |             | Minus                    | **     |  | =                | ] [          | X\$ 9=             |                        | OR       | X\$18=              |                        |
| AME   | Independent   | *                                 |             | Minus                    | ***    |  | =                |              | X39=               |                        | OR       | X78=                |                        |
|   | FIRST PRESE   | NTATION                           | OF MU       | ILTIPLE DE               | PEND   | ENT CLAIM                                  |                  | J ├          |                    |                        |          |                     |                        |
|   |   |                                   |             |                          |        |  |                  | L            | +130=              |                        | OR       | +260=               |                        |
|   |   |                                   |             |                          |        |  |                  |              | TOTAL<br>DDIT. FEE |                        | OR ,     | TOTAL<br>ADDIT. FEE |                        |
|   |   | (Colun                            |             |                          |        | olumn 2)                                   | (Column 3)       |              |                    |                        |          |                     |                        |
| AMENDMENT C   | ۰   | CLAII<br>REMAII<br>AFTE<br>AMENDI | NING<br>ER  |                          | PR     | HIGHEST<br>HUMBER<br>EVIOUSLY<br>AID FOR   | PRESENT<br>EXTRA |              | RATE-              | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *                                 |             | Minus                    | **     |  | =                |              | X\$ 9=             |                        | OR       | X\$18=              |                        |
|   |   | *                                 |             | Minus                    | ***    |  | =                |              | X39=               |                        | <u>,</u> | X78=                |                        |
|   | FIRST PRESEN  | NTATION                           | OF MU       | LTIPLE DEF               | PENDI  | ENT CLAIM                                  |                  | -            |                    |                        | OR       |                     |                        |
| # If the entry is column 1 is less than the entry is column 0 units #07 is column 0 |   |                                   |             |                          |        |  |                  |              | OR                 | +260=                  |          |                     |                        |
| ***   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **TOTAL ADDIT. FEE  **TOTAL ADDIT. |                                   |             |                          |        |  |                  |              |                    |                        |          |                     |                        |